

PROJECT 10073 RECORD

1. DATE - TIME GROUP 21 August 1968 21/172Z 21/2121Z		2. LOCATION Freeville, New York	
3. SOURCE Civilian		10. CONCLUSION <i>Conflicting Data</i> <i>Photos Prob.</i> Other (FRISBES) Observer originally reported sighting for 21 August 1968 but returned 117 for 7 Sept 1968. Stated that he photographed the object in the ENE yet indicates in 117 that object traveled from SSE to ESE. Uses word "it" to describe UFO in 117 yet 11. BRIEF SUMMARY AND ANALYSIS photo slows 2 images (These images appear very similar to frisbes). See Case Files	
4. NUMBER OF OBJECTS Conflicting			
5. LENGTH OF OBSERVATION 2 Minutes			
6. TYPE OF OBSERVATION Ground-Visual			
7. COURSE Conflicting			
8. PHOTOS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. PHYSICAL EVIDENCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

10. IF THERE WERE MORE THAN ONE PHENOMENON, HOW MANY WERE THERE? DRAW A PICTURE TO SHOW HOW THEY WERE ARRANGED. DID THIS ARRANGEMENT CHANGE DURING THE SIGHTING?

11. CONDITIONS (Check appropriate blocks.)			
A. SKY		B. WEATHER	
<input checked="" type="checkbox"/> DAY		<input checked="" type="checkbox"/> CUMULUS CLOUDS (Low fluffy)	
<input type="checkbox"/> TWILIGHT		<input type="checkbox"/> CIRRUS CLOUDS (High fleecy or Herring-bone)	<input type="checkbox"/> FOG OR MIST
<input type="checkbox"/> NIGHT		<input type="checkbox"/> NIMBUS CLOUDS (Rain)	<input type="checkbox"/> HEAVY RAIN
<input type="checkbox"/> CLEAR		<input type="checkbox"/> CUMULONIMBUS CLOUDS (Thunderstorms)	<input type="checkbox"/> LIGHT RAIN OR DRIZZLE
<input type="checkbox"/> PARTLY CLOUDY		<input type="checkbox"/> HAZE OR SMOG	<input type="checkbox"/> HAIL
<input checked="" type="checkbox"/> COMPLETELY OVERCAST			<input type="checkbox"/> SNOW OR SLEET
			<input type="checkbox"/> UNKNOWN
			<input checked="" type="checkbox"/> NONE OF THE ABOVE

C. IF THE SIGHTING WAS AT TWILIGHT OR NIGHT, WHAT DID YOU NOTICE ABOUT THE STARS AND MOON?			
(1) STARS		(2) MOON	
<input type="checkbox"/> NONE		<input type="checkbox"/> BRIGHT MOONLIGHT	<input type="checkbox"/> NO MOONLIGHT
<input type="checkbox"/> A FEW		<input type="checkbox"/> MOON WITH HALO	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> MANY		<input type="checkbox"/> MOON HIDDEN BY CLOUDS	
<input type="checkbox"/> UNKNOWN		<input type="checkbox"/> PARTIAL (New or quarter)	

D. IF SIGHTING WAS IN DAYLIGHT, WAS THE SUN VISIBLE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," WHERE WAS THE SUN AS YOU FACED THE PHENOMENON?			
<input type="checkbox"/> IN FRONT OF YOU		<input type="checkbox"/> TO YOUR RIGHT	<input type="checkbox"/> OVERHEAD (Near noon)
<input checked="" type="checkbox"/> IN BACK OF YOU		<input type="checkbox"/> TO YOUR LEFT	<input type="checkbox"/> UNKNOWN

E. SPECIFY THE MAJOR SOURCE OF ILLUMINATION PRESENT DURING THE SIGHTING, SUCH AS THE SUN, HEADLIGHTS OR STREET LAMP, ETC. FOR TERRESTRIAL ILLUMINATION, SPECIFY DISTANCE TO LIGHT SOURCE.	
Sun	

12. GIVE A BRIEF DESCRIPTION OF THE PHENOMENON, INDICATING WHETHER IT APPEARED DARK OR LIGHT, WHETHER IT REFLECTED LIGHT OR WAS SELF-LUMINOUS AND WHAT COLORS YOU NOTICED. DESCRIBE YOUR IMPRESSION OF WHETHER IT WAS SOLID OR TRANSPARENT, WHETHER EDGES WERE SHARP OR FUZZY. DESCRIBE THE SHAPE OR INDICATE IF IT APPEARED AS A POINT OF LIGHT. INDICATE COMPARISONS WITH OTHER OBSERVED OBJECTS, LIKE STARS, A LIGHT OR OTHER OBJECT IN YOUR FIELD OF VIEW.

Appeared dark, no lights not reflected, dark sunset colored, solid, edges were sharp, flat cylindrical

13.	DID THE PHENOMENON	YES	NO	UNKNOWN
	MOVE IN A STRAIGHT LINE?		✓	
	STAND STILL AT ANYTIME?	✓		
	SUDDENLY SPEED UP AND RUN AWAY?	✓		
	BREAK UP IN PARTS AND EXPLODE?		✓	
	CHANGE COLOR?		✓	
	GIVE OFF SMOKE?		✓	
	CHANGE BRIGHTNESS?		✓	
	CHANGE SHAPE?		✓	
	FLASH OR FLICKER?		✓	
	DISAPPEAR AND REAPPEAR?		✓	
	SPIN LIKE A TOP?			✓
	MAKE A NOISE?		✓	
	FLUTTER OR WOBBLE?	✓		

14. WHAT DREW YOUR ATTENTION TO THE PHENOMENON?

*and I just saw it**Was outside South Cottage smoking*

A. HOW DID IT FINALLY DISAPPEAR?

Faded into clouds

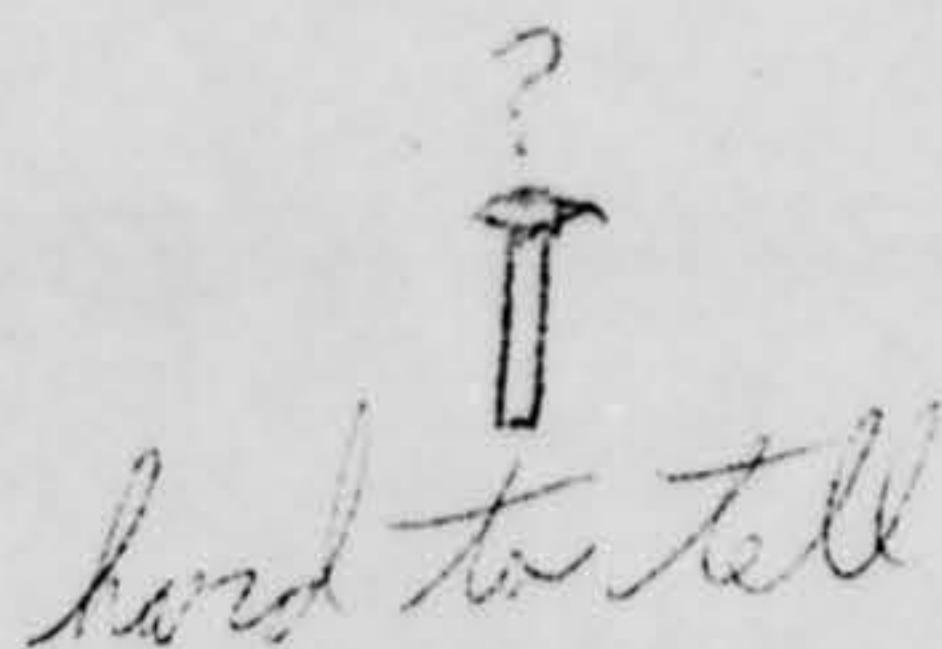
B. DID THE PHENOMENON MOVE BEHIND OR IN FRONT OF SOMETHING, LIKE A CLOUD, TREE, OR BUILDING AT ANY TIME?

☒ YES ☐ NO. IF "YES," DESCRIBE.*When it disappeared*

15. DRAW A PICTURE THAT WILL SHOW THE SHAPE OF THE PHENOMENON. INCLUDE AND LABEL ANY DETAILS THAT MIGHT HAVE APPEARED AS WINGS OR PROTRUSIONS, AND INDICATE EXHAUST OR VAPOR TRAILS. INDICATE BY AN ARROW THE DIRECTION THE PHENOMENON WAS MOVING.



16. WHAT WAS THE ANGULAR SIZE? HOLD A MATCH AT ARM'S LENGTH IN FRONT OF A KNOWN OBJECT, SUCH AS A STREET LAMP OR THE MOON. NOTE HOW MUCH OF THE OBJECT IS COVERED BY THE HEAD OF THE MATCH. NOW IF YOU HAD BEEN ABLE TO PERFORM THIS EXPERIMENT AT THE TIME OF THE SIGHTING, ESTIMATE WHAT FRACTION OF THE PHENOMENON WOULD HAVE BEEN COVERED BY THE MATCH HEAD.



17. DID YOU OBSERVE THE PHENOMENON THROUGH ANY OF THE FOLLOWING? INCLUDE INFORMATION ON MODEL, TYPE, FILTER, LENS PRESCRIPTION OR OTHER APPLICABLE DATA.

EYEGLASSES	<input checked="" type="checkbox"/> CAMERA VIEWER <i>at one time</i>
SUNGLASSES	BINOCULARS
WINDSHIELD	TELESCOPE
SIDE WINDOW OF VEHICLE	THEODOLITE
WINDOWPANE	OTHER

A. DO YOU ORDINARILY WEAR GLASSES? ☐ YES ☒ NO

B. DO YOU USE READING GLASSES? ☐ YES ☒ NO

18. WHAT WAS YOUR IMPRESSION OF THE SPEED OF THE PHENOMENON? GIVE ESTIMATE OF SPEED *60 mph*

19. WHAT WAS YOUR IMPRESSION OF THE DISTANCE OF THE PHENOMENON? GIVE ESTIMATE OF DISTANCE *1 mile or so*

20. IN ORDER THAT WE MAY OBTAIN AS CLEAR A PICTURE AS POSSIBLE OF WHAT YOU SAW, DESCRIBE IN YOUR OWN WORDS A COMMON OBJECT OR OBJECTS WHICH, WHEN PLACED IN THE SKY, SIMILAR TO WHERE YOU NOTED THE PHENOMENON, WOULD BEAR SOME RESEMBLANCE TO WHAT YOU SAW. DESCRIBE SIMILARITIES AND DIFFERENCES BETWEEN THE COMMON OBJECT AND WHAT YOU SAW.

A round fish burger without a bun

Second part seems stupid to answer in this case

21. DID YOU NOTICE ANY ODOR, NOISE, OR HEAT EMANATING FROM THE PHENOMENON OR ANY EFFECT ON YOURSELF, ANIMALS OR MACHINERY IN THE VICINITY? ☐ YES ☒ NO. IF "YES," DESCRIBE.

A. DID THE PHENOMENON DISTURB THE GROUND OR LEAVE ANY PHYSICAL EVIDENCE. ☐ YES ☒ NO. IF "YES," DESCRIBE.

?

22. HAVE YOU EVER SEEN THIS OR A SIMILAR PHENOMENON BEFORE? ☒ YES ☐ NO. IF "YES," GIVE DATE AND LOCATION. *March 67 Same location rockets exploding*

23. WAS ANYONE WITH YOU AT THE TIME YOU SAW THE PHENOMENON? ☒ YES ☐ NO. IF "YES," DID THEY SEE IT TOO? ☐ YES ☐ NO.

A. LIST THEIR NAMES AND ADDRESSES

Give you the list. Dont remember all but some left some address

24. GIVE THE FOLLOWING INFORMATION ABOUT YOURSELF

LAST NAME, FIRST NAME, MIDDLE NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE (Area code and number)

AGE

15

☒ MALE

☐ FEMALE

INDICATE ADDITIONAL INFORMATION INCLUDING OCCUPATION AND ANY EXPERIENCE WHICH MAY BE PERTINENT.

On private school

25. WHEN AND TO WHOM DID YOU REPORT THAT YOU HAD SIGHTED THIS PHENOMENON?

NAME *You* DAY *?* MONTH *Sept* YEAR *1968*

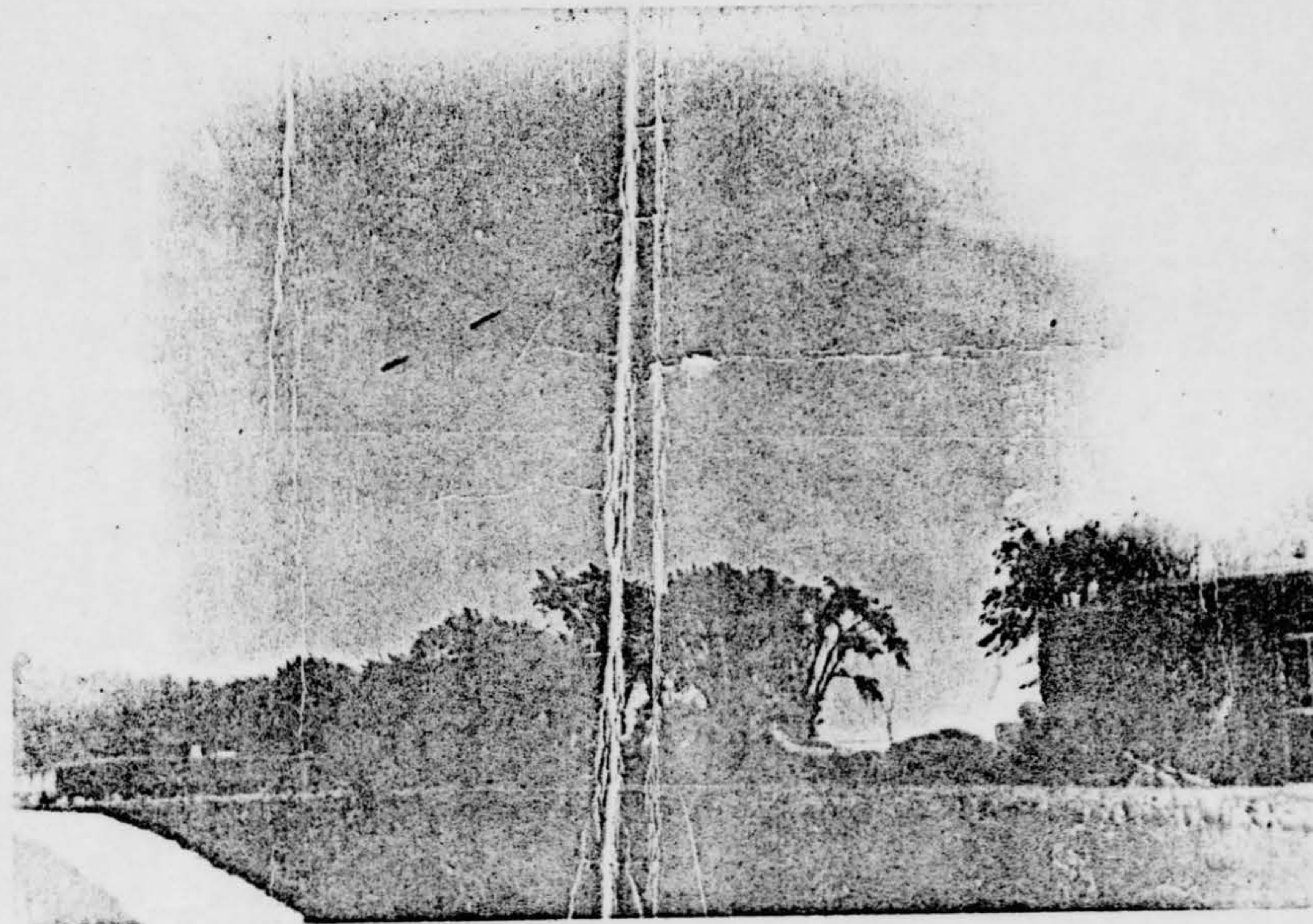
26. DATE YOU COMPLETED THIS QUESTIONNAIRE.

DAY *15* MONTH *Sept* YEAR *1968*

This case contains 5, 5"x7"
photos and 1, 3"x3½" negative.

FOREIGN TECHNOLOGY DIVISION, AFSC

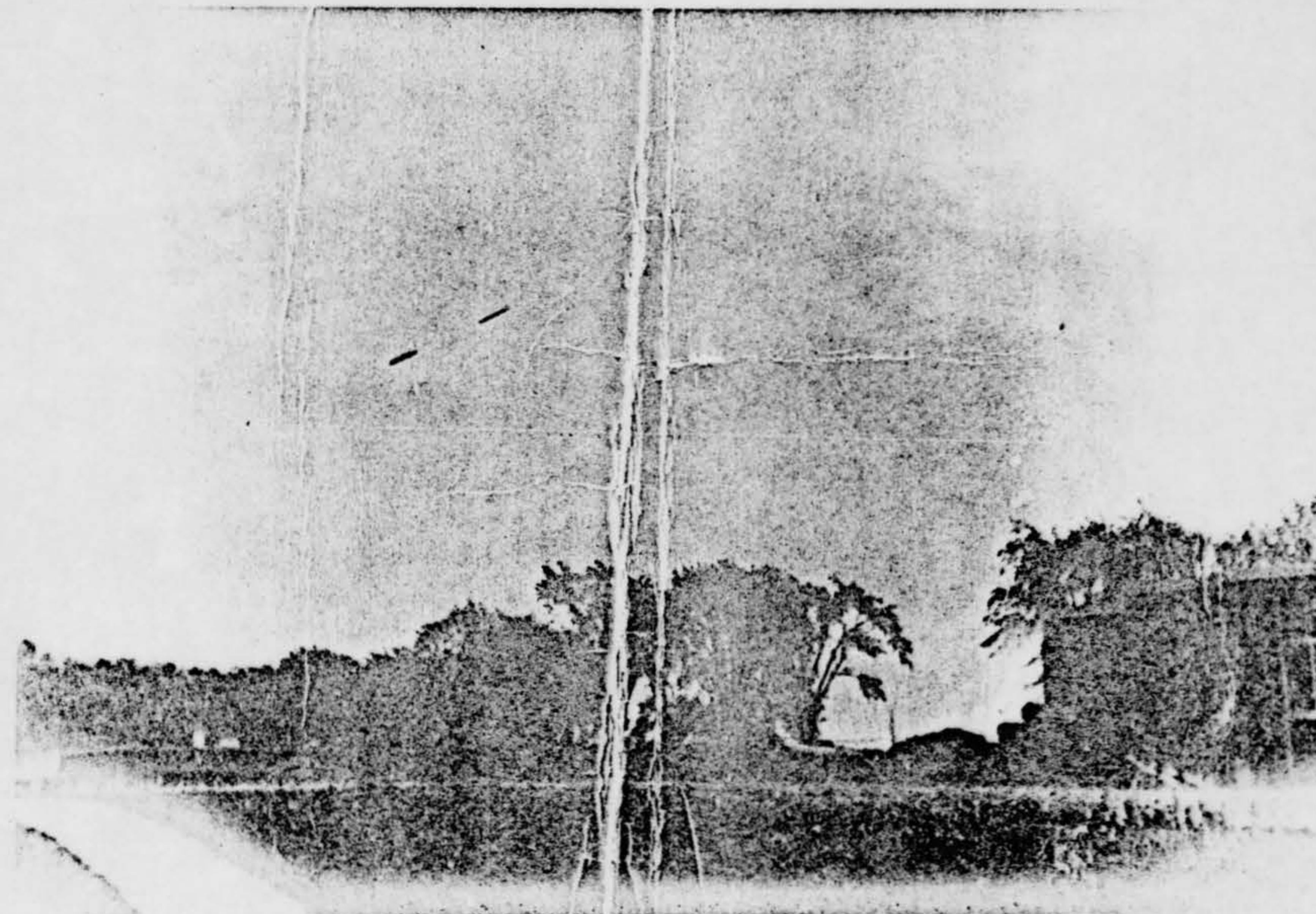
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UNCLASSIFIED

FOREIGN TECHNOLOGY DIVISION, AFSC

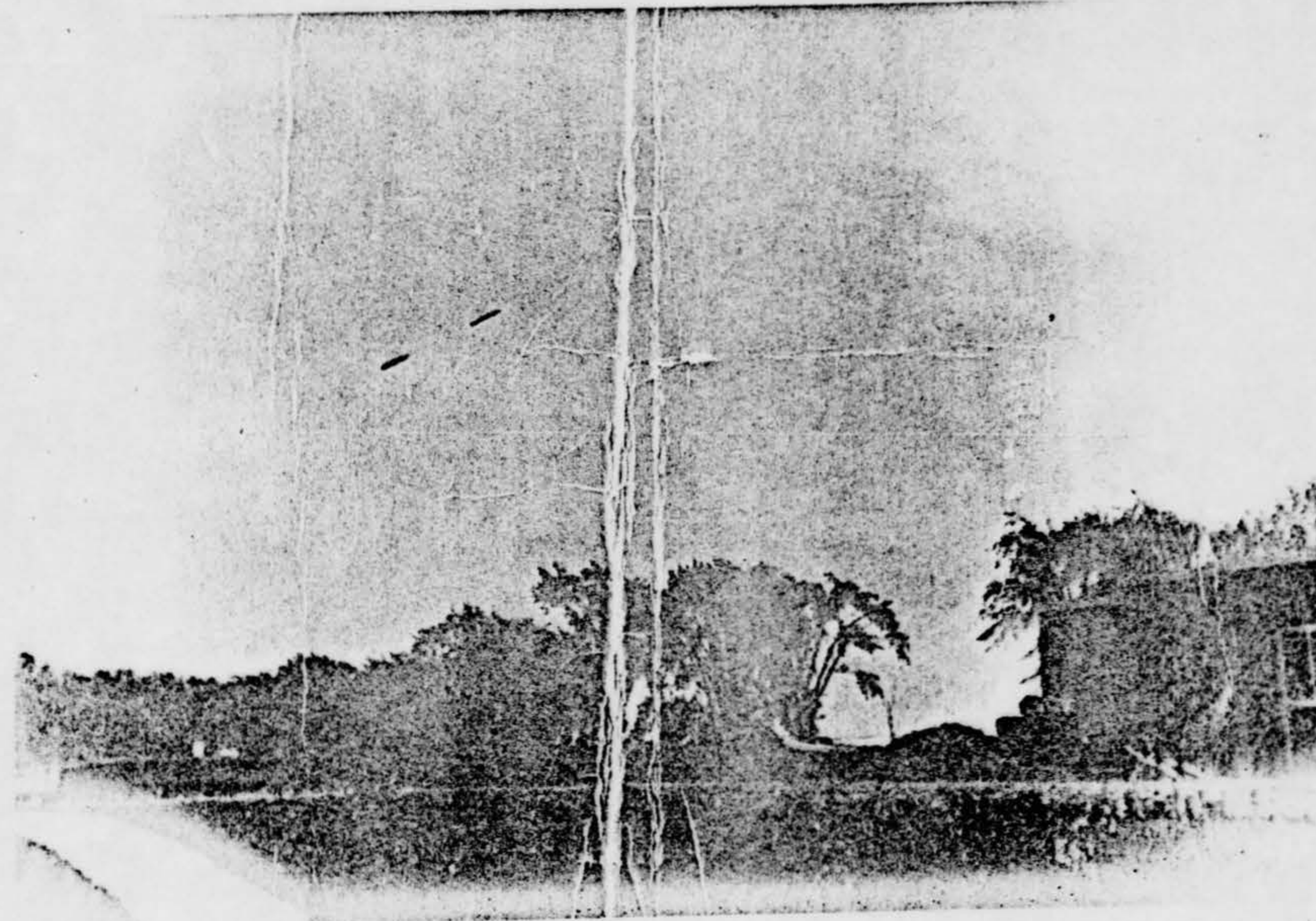
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FOREIGN TECHNOLOGY DIVISION, AFSC

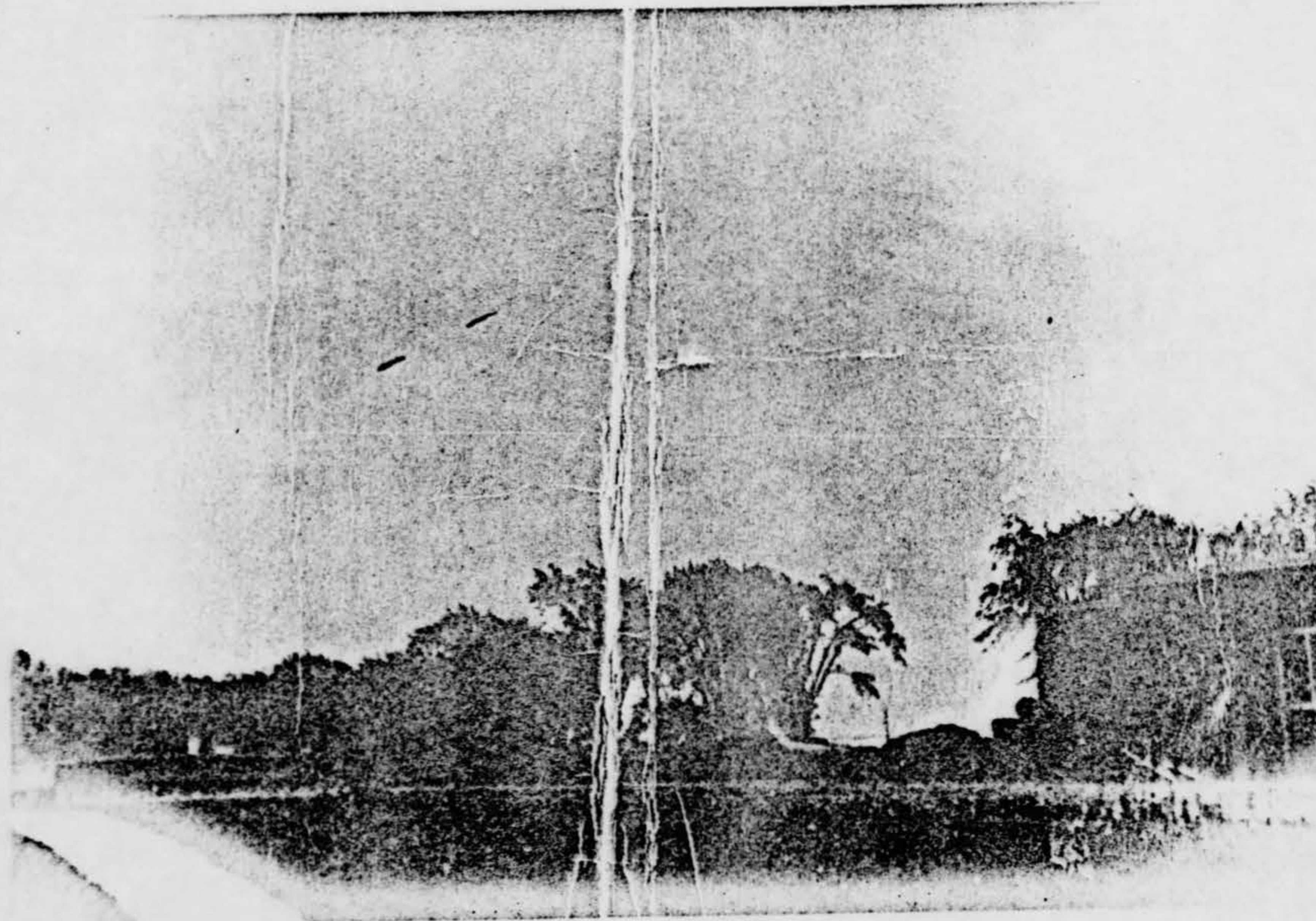
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TDPT (UFO)

26 DEC 1968

UFO Observation and Photograph

Mr. [REDACTED]

[REDACTED]
Freeville, New York 13068

Reference the UFO observation that you reported to the Air Force. Because a photo analysis cannot be performed without the original negative, we are returning your print to you without having evaluated it.

for CFM
HECTOR QUINTANILLA, Jr., Lt Colonel, USAF
Chief, Aerial Phenomena Branch
Aerospace Technologies Division
Production Directorate

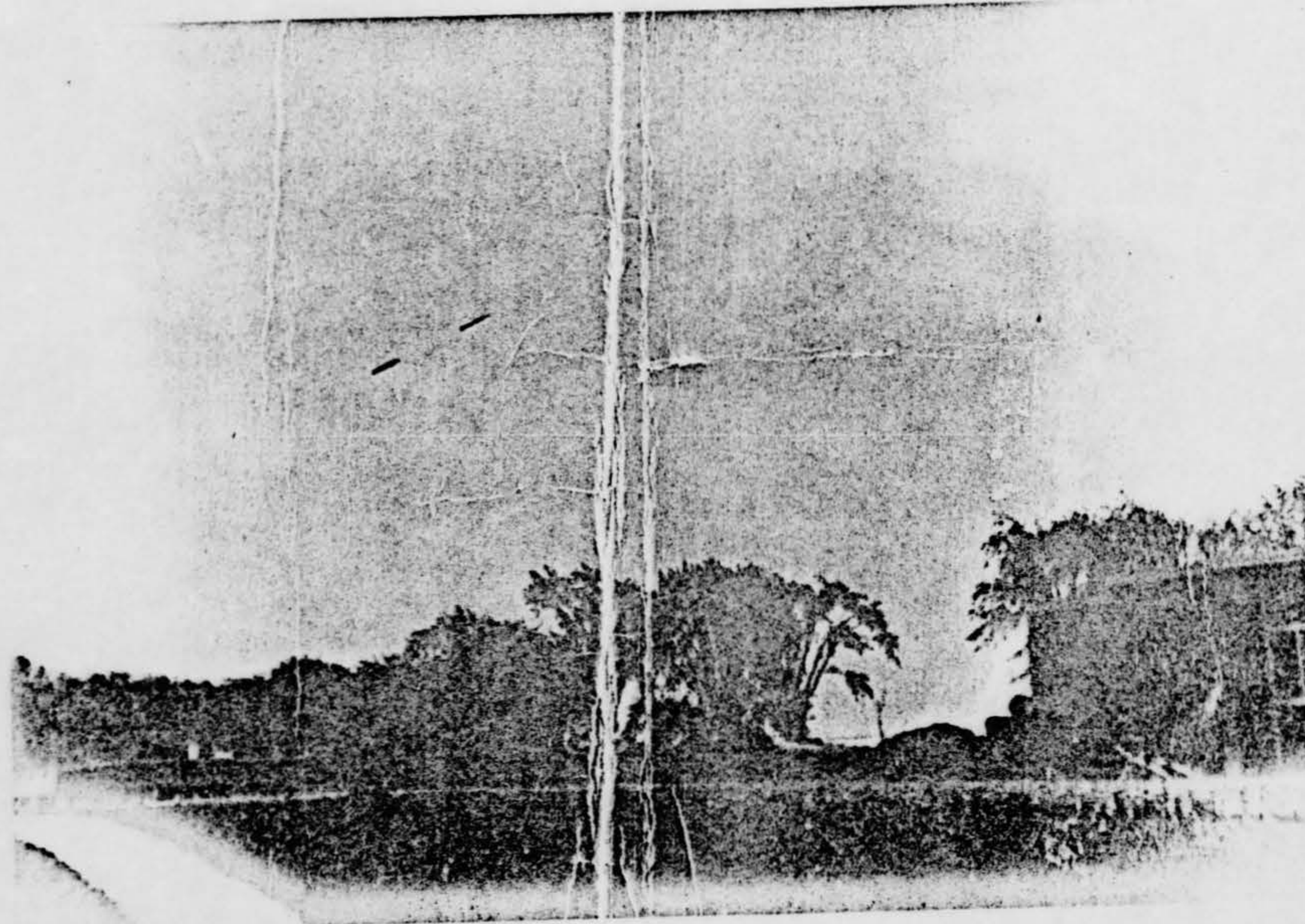
1 Atch
Photographic Print

TDPT (UFO) Official Reply

7-3745-316

FOREIGN TECHNOLOGY DIVISION, AFSC

UNCLASSIFIED



UNCLASSIFIED

SAF-OICC/Miss Turnure/76526/September 9, 1968

SEP 10 1968

Dear Mr. [REDACTED]

This will reply to your recent letter in which you inclosed a photographic print.

In order to analyze photography, we must have the original negative. In addition, we should have as much of the following information as possible:

- (a) Type and make of camera used
- (b) Type, focal length, and make of lens
- (c) Brand and type of film
- (d) Shutter speed
- (e) Lens opening used; that is "f" stop
- (f) Filters used, if any
- (g) Was tripod or solid stand used
- (h) Was "panning" used
- (i) Exact direction camera was pointing with relation to true North, and its angle with respect to the ground

Because we cannot use the print you sent to us for analysis, it is inclosed.

Sincerely,

JAMES H. AIKMAN
Major, USAF
Chief, Civil Branch
Community Relations Division
Office of Information

Attachment

Mr. [REDACTED]
[REDACTED]

Freeville, New York 13068

SAF-OICC

✓ Coord Cy - SAF-100
Cmbk Cy - SAF-100
Activity Cy - SAF-100
Reader Cy - SAF-100
Stayback

Ho p. marked UFO Sept 68


Monday

Dear Major Akmen,

I am sorry to tell you but I never keep any negatives because I never use them and all they do is take up space. Below I have answered all the other questions you informed me about. I've inclosed the picture in case you can see it for anything, I would like it returned when you are done with it.

A Yashica Model D

B Yashikon F=80mm 1:3.5

C  Kodak VP120

D $\frac{1}{500}$ sec

E F: 5.6

F no filters used

G no support used

H I do not know what "panning" is.

I East North East 40°

Conflicts with 117


Not in file

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS FOREIGN TECHNOLOGY DIVISION (AFSC)
WRIGHT-PATTERSON AIR FORCE BASE, OHIO 45433



REPLY TO
ATTN OF: TDPT (UFO)

SUBJECT: UFO Observation , 7 September 1968

2 DEC 1968

TO:

Mr. [REDACTED]
Freeville, New York 13068

Reference your recent unidentified flying object sighting which you reported to the Air Force. The information which we have received is not sufficient for a scientific investigation. Request you complete the attached AF Form 117 and return it in the self-addressed envelope. Thank you for reporting your observation to the Air Force.

[Signature]
HECTOR QUINTANILLA, Jr., Lt Colonel, USAF
Chief, Aerial Phenomena Office
Aerospace Technologies Division
Production Directorate

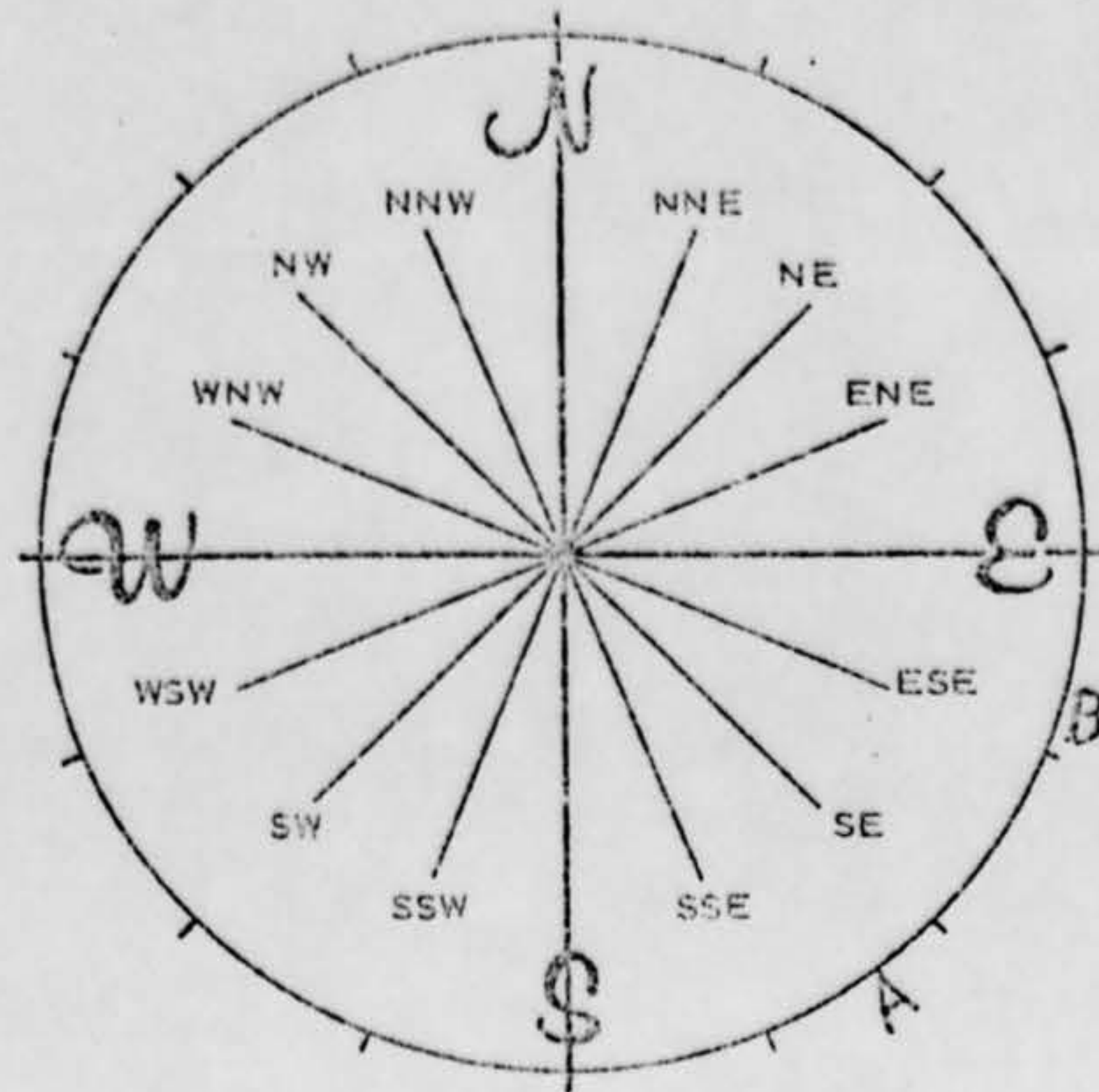
1 Atch
AF Form 117 w/envelope

Rec. 20 Dec 68

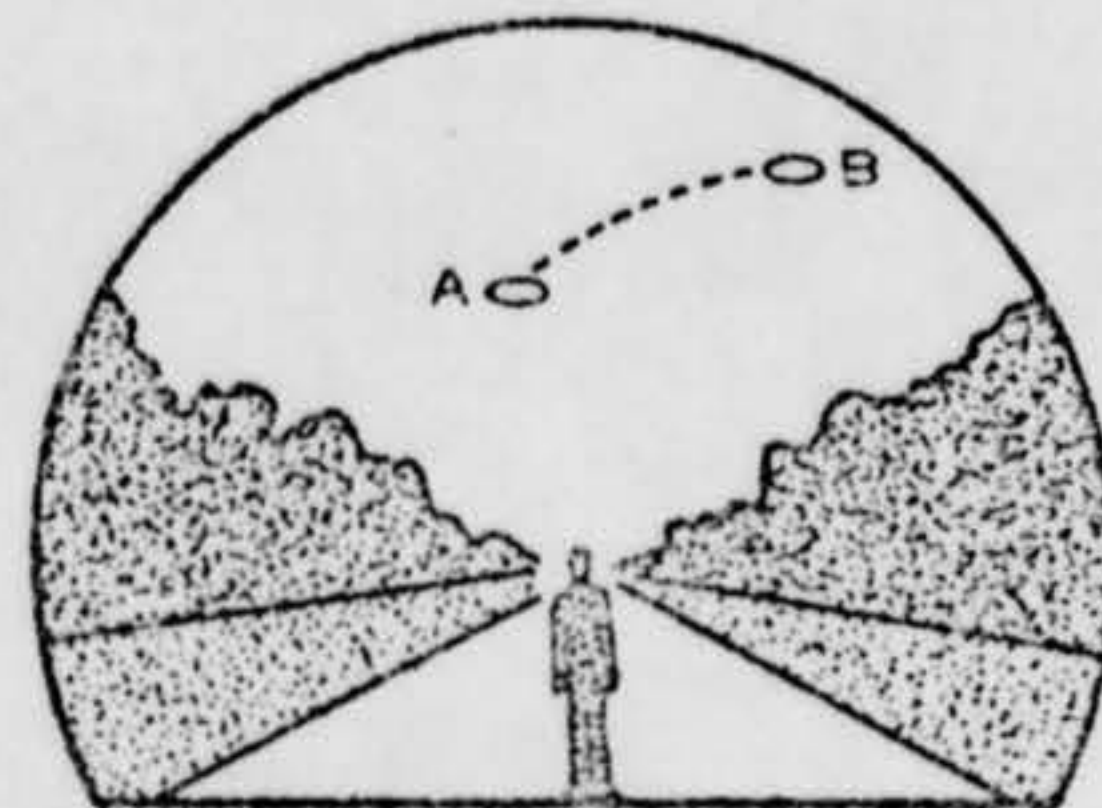
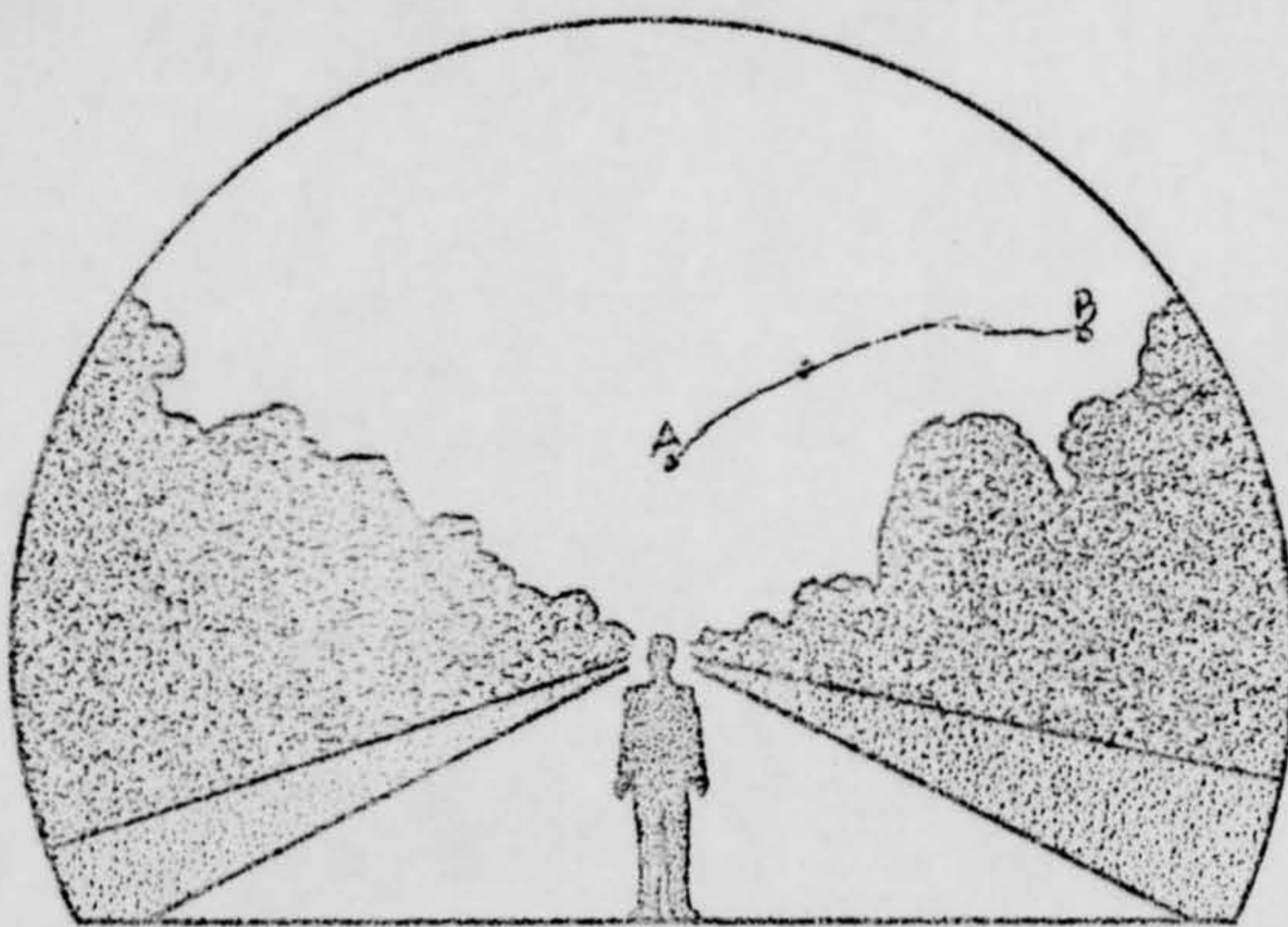
AFR 80-17(C1)

SIGHTING OF UNIDENTIFIED PHENOMENA QUESTIONNAIRE		BUDGET BUREAU APPROVAL NUMBER 21-R258
<p>THIS QUESTIONNAIRE HAS BEEN PREPARED SO THAT YOU CAN GIVE THE U.S. AIR FORCE AS MUCH INFORMATION AS POSSIBLE CONCERNING THE UNIDENTIFIED PHENOMENON THAT YOU HAVE OBSERVED. PLEASE TRY TO ANSWER ALL OF THE QUESTIONS. THE INFORMATION YOU GIVE WILL BE USED FOR RESEARCH PURPOSES. YOUR NAME WILL NOT BE USED IN CONNECTION WITH ANY OF YOUR STATEMENTS OR CONCLUSIONS WITHOUT YOUR PERMISSION. RETURN TO AIR FORCE BASE INVESTIGATOR FOR FORWARDING TO FTD (TDETR), WRIGHT-PATTERSON AFB, OHIO 45433, IAW AFR 80-17. (IF ADDITIONAL SHEETS ARE NEEDED FOR NARRATIVE OR SKETCHES ATTACH SECURELY TO THIS FORM OR ANNOTATE WITH YOUR NAME FOR IDENTIFICATION.)</p>		
<p>1. WHEN DID YOU SEE THE PHENOMENON?</p> <p style="text-align: right;">DAY <u>7</u> MONTH <u>Sept</u> YEAR <u>1968</u></p>		
<p>2. WHAT TIME DID YOU FIRST SIGHT THE PHENOMENON?</p> <p style="text-align: right;">HOUR <u>5</u> MINUTES <u>21</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>		
<p>3. WHAT TIME DID YOU LAST SIGHT THE PHENOMENON?</p> <p style="text-align: right;">HOUR <u>5</u> MINUTES <u>23</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p>		
<p>4. TIME ZONE <input checked="" type="checkbox"/> DAYLIGHT SAVINGS <input type="checkbox"/> STANDARD</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> EASTERN <input type="checkbox"/> CENTRAL <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> PACIFIC <input type="checkbox"/> OTHER </p>		
<p>5. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? IF IN CITY, GIVE THE NEAREST STREET ADDRESS AND INDICATE ON A HAND DRAWN MAP WHERE YOU WERE STANDING WITH REFERENCE TO THE ADDRESS. IF IN THE COUNTRY, IDENTIFY THE HIGHWAY YOU WERE ON OR NEAR AND TRY TO FIX A DISTANCE AND DIRECTION FROM SOME RECOGNIZABLE LANDMARK.</p> <div style="text-align: center; margin-top: 20px;"> </div>		
<p>6. IMAGINE YOU ARE AT THE POINT SHOWN IN THE SKETCH, PLACE AN "A" ON THE CURVED LINE TO SHOW HOW HIGH THE PHENOMENON WAS ABOVE THE HORIZON, OR SKYLINE, WHEN FIRST SEEN. PLACE A "B" ON THE SAME CURVED LINE TO SHOW HOW HIGH ABOVE THE HORIZON THE PHENOMENON WAS WHEN LAST SEEN.</p> <div style="text-align: center; margin-top: 20px;"> </div>		

5A. NOW IMAGINE YOU ARE AT THE CENTER OF THE COMPASS ROSE. PLACE AN "A" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN FIRST SEEN. PLACE A "B" ON THE COMPASS TO INDICATE THE DIRECTION TO THE PHENOMENON WHEN LAST SEEN.



7. IN THE SKETCH BELOW, PLACE AN "A" AT THE POSITION OF THE PHENOMENON WHEN FIRST SEEN, AND A "B" AT THE POSITION OF THE PHENOMENON WHEN LAST SEEN. CONNECT THE "A" AND "B" WITH A LINE TO APPROXIMATE THE MOVEMENT OF THE PHENOMENON BETWEEN "A" AND "B". THAT IS, SCHEMATICALLY SHOW WHETHER THE MOVEMENT APPEARED TO BE STRAIGHT, CURVED OR ZIG-ZAG. REFER TO SMALLER SKETCH AS AN EXAMPLE OF HOW TO COMPLETE THE LARGER SKETCH.



8. WHERE WERE YOU WHEN YOU SAW THE PHENOMENON? (Check appropriate blocks.)			
<input checked="" type="checkbox"/>	OUTDOORS		IN BUSINESS SECTION OF CITY
	IN BUILDING		IN RESIDENTIAL SECTION OF CITY
	IN CAR <input type="checkbox"/> AS DRIVER <input type="checkbox"/> AS PASSENGER	<input checked="" type="checkbox"/>	IN OPEN COUNTRYSIDE
	IN BOAT		NEAR AIRFIELD
	IN AIRPLANE <input type="checkbox"/> AS PILOT <input type="checkbox"/> AS PASSENGER		FLYING OVER CITY
	OTHER		FLYING OVER OPEN COUNTRY
			OTHER
A. IF YOU WERE IN A VEHICLE, COMPLETE THE FOLLOWING:			
WHAT DIRECTION WERE YOU MOVING?		HOW FAST WERE YOU MOVING?	
<input type="checkbox"/> NORTH	<input type="checkbox"/> EAST	DID YOU STOP ANYTIME WHILE OBSERVING THE PHENOMENON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SOUTH	<input type="checkbox"/> WEST		
<input type="checkbox"/> NORTHEAST	<input type="checkbox"/> SOUTHEAST		
<input type="checkbox"/> NORTHWEST	<input type="checkbox"/> SOUTHWEST		
EXPLAIN WHETHER SUCH MOVEMENT AFFECTS YOUR SKETCHES IN ITEMS 5 AND 6.			
DESCRIBE TYPE OF VEHICLE YOU WERE IN AND TYPE OF ROAD, TERRAIN OR BODY OF WATER YOU TRAVERSED DURING THE SIGHTING. STATE WHETHER WINDOWS OR CONVERTIBLE TOP WERE UP OR DOWN.			
HOW MUCH OTHER TRAFFIC WAS THERE?			
DID YOU NOTICE ANY AIRPLANES? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES," DESCRIBE WHEN THEY WERE IN SIGHT RELATIVE TO THE TIME OF SIGHTING THE PHENOMENON AND WHERE THEY WERE IN THE SKY RELATIVE TO THE POSITION OF THE PHENOMENON.			
9. HOW LONG WAS THE PHENOMENON IN SIGHT?			
LENGTH OF TIME	<i>2 minutes</i>	<input checked="" type="checkbox"/> CERTAIN OF TIME	<input type="checkbox"/> NOT VERY SURE
		<input type="checkbox"/> FAIRLY CERTAIN	<input type="checkbox"/> JUST A GUESS
HOW WAS TIME DETERMINED? <i>clock inside building</i>			
WAS THE PHENOMENON IN SIGHT CONTINUOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. IF "NO," INDICATE WHETHER THIS IS DUE TO YOUR MOVEMENT OR THE BEHAVIOR OF THE PHENOMENON, AND DESCRIBE SUCH MOVEMENT OR BEHAVIOR. INDICATE DISAPPEARANCES ON PREVIOUS SKETCHES.			